

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		12				
4		2				
5		2				
6	1					
7	1					
8	1					
9		3				
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50						
TOTAL IND.	4					
TOTAL DEP.	10					
TOTAL CLAIMS	23					

  

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TOTAL IND.						
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TOTAL CLAIMS						

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